(X6) DATE

Agency f	or Health Care Adminis	stration): 01/18/2018 1 APPROVEE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		CS17910012	B. WING		12/1	18/2017
	ROVIDER OR SUPPLIER	2020 26	ADDRESS, CITY, STATE TH AVENUE EAST NTON, FL 34208	ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
	2017013212, was con Florida, a crisis stabil License #1467. Centerstone of Florid time of the investigati 65E-12.106(22) FAC Children	nplaint investigation, CCR# ducted at Centerstone of ization unit, on a had deficiencies at the on. Minimum Program -	C 075			
	persons under local program standa supervision to be pror under the yabed in a we share common areas under direct visual ob Minors who are admitted to a bed in a health unit with an ad	program which serves shall define, in rids, the services and wided to the children. Minors ears shall not be admitted to ard with an adult. They may with an adult only when servation by unit staff. and older may be a ward in the mental ult, if the clinical record on by a physician that such				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

of Children

. The policy indicated

placement is medically indicated or for reasons of safety. This shall be reviewed and documented

This Statute or Rule is not met as evidenced by: Based on policy review, record review and staff interview it was determined the facility failed to ensure compliance with facility policy regarding placement of two children (#2, #3) under the age of 14 years of three sampled records.

on Crisis Center", Policy # 409, dated

on a daily basis.

Findings included: The policy titled "

was reviewed on

STATE FORM 5JE911 if continuation sheet 1 of 3

Agency f	or Health Care Adminis	tration				D: 01/18/2018 MAPPROVES
Agency for Health Care Adminis STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		CS17910012	B. WING		12/1	18/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	E, ZIP CODE		
CENTERS	TONE OF FLORIDA	2020 26T	H AVENUE EAST	•		
CENTERS	TONE OF FLORIDA	BRADEN	TON, FL 34208			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CTION SHOULD BE CO THE APPROPRIATE	
C 075	may be admitted to a only if the clinical recodecumentation by a placement was medion of safety. This shall be on a daily basis. The policy titled "Pres Supervision, Practice indicated all changes documented in the princtuded the definition length supervision recommendation of the supervision recommendation of the supervision recommendation of the supervision progress on the supervision progress on the supervision recommendation of the supervision indicates and through documentation indicate emoved from the Chanadult unit. The detailed to reveal any all the supervision recommendation indicated the supervision indicated the supervision indicated and the supervision indicated all the supe	sen years of age or older bed in a an adult ord contained hysician that such ally indicated or for reasons are reviewed and documented caution Alerts/1:1 ", ##01. dated in status were to be ogress notes. The policy to 1:1 status as arm's quiring a specific order. Vevaled Patient #2 was a ed on and . The review of the tes and nursing notes dated documentation supervision. The physician, nagement notes dated included the patient #2 had been lidren's Unit and placed on alled review of the record ridence of an order to place.	C 075			

AHCA Form 3020-0001

from

a period of four days.

daily review of the medical or safety reasons requiring Patient #2 to remain on an adult unit

2. The Face Sheet revealed Patient #3 was a minor admitted on

was observed to be in the Adult Female day the time of the tour conducted on

, 2017 through , 2017,

. Patient #3

STATE FORM 6550 5JE911 If continuation sheet 2 of 3

Agency 1	for Health Care Adminis	tration			PRINTED: 01/10 FORM APPE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
CS17910012		B. WING		12/18/2017		
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, STAT			
CENTER	STONE OF FLORIDA	BRADEN	H AVENUE EAST TON, FL 34208			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	ON SHOULD BE COMPLETE HE APPROPRIATE DATE	
C 075	10:10 a.m. Patient #3 supervision. The review reveal any evidence #3 on 1:1 supervision order for place Patient An interview was con placement of a minor observation. The Chia 1:1 supervision and p adult unit required a p	was observed to be on 1:1 we of the record failed to fan order to place Patient There was no physician #3 on an adult unit. There was no physician #3 on an adult unit. There was no physician #3 on an adult unit. There was no physician #3 on an adult unit and 1:1 rge Nurse stated the use of tacement of a child on an physician's order: ducted on at 2:15 Resident who signed the attent #2 regarding 1:1 ment indicated he was ders were required.	C 075			

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